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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/419,447 10/18/2002 7.5.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
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EXAMINER'S SIGNATURE: *[Signature]* INITIALS: *7.5*

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TITLE  
 Ophthalmoscopy lens system

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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